

<b>REQUEST FOR QUOTATION</b> <b>(THIS IS NOT AN ORDER)</b>		THIS RFQ _ IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			Page 1 of 2				
1. REQUEST NO. SLG75015Q0011		2. DATE ISSUED 07/16/2015		3. REQUISITION/PURCHASE REQUEST NO. PR4506133		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input type="checkbox"/>		RATING	
5a. ISSUED BY AMERICAN EMBASSY RIGA Samnera Velsa iela 1, ATTN: GSO/Proc RIGA 1510						6. DELIVER BY (Date) 10/29/2015			
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY			
NAME  Lindija Zemele			TELEPHONE NUMBER  zemelelx@state.gov			_ FOB DESTINATION _ OTHER (See Schedule)			
8. TO:						9. DESTINATION			
a. NAME N/A						b. COMPANY NOVENDOR			
c. STREET ADDRESS						b. STREET ADDRESS Samnera Velsa iela 1, ATTN: GSO			
d. CITY						c. CITY RIGA			
e. STATE			f. ZIP CODE			d. STATE		e. ZIP CODE LV1510	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 07/27/2015				<b>IMPORTANT:</b> This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
11. SCHEDULE (Include applicable Federal, State and local taxes)									
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)		
	SEE LINE ITEMS								
12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>				a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
				d. CALENDAR DAYS		NUMBER		PERCENTAGE	
NOTE: Additional provisions and representations [x] are [ ] are not attached.									
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			15. DATE OF QUOTATION	
a. NAME OF QUOTER									
STREET ADDRESS									
c. COUNTY					16. SIGNER			b. TELEPHONE	
d. CITY					a. NAME (Type or print)			AREA CODE	
e. STATE		f. ZIP CODE			c. TITLE (Type or print)			NUMBER	

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Thermafuser 150mm 6" TFC Thermafuser VAV Difusser Funding Information: Total: \$0.00 ----- \$0.00	45.00	EA		
2	Thermafuser 200mm 8" TFHC Thermafuser VAV Difusser Funding Information: Total: \$0.00 ----- \$0.00	15.00	EA		
3	ThermaFusers To Provide Stable Temperature Zones Thermafuser 250mm 10" TFHC Thermafuser VAV Difusser Funding Information: Total: \$0.00 ----- \$0.00	26.00	EA		
4	Thermafuser 300mm 12" TFC Thermafuser VAV Difusser Funding Information: Total: \$0.00 ----- \$0.00	6.00	EA		
5	Shipping Estimate sea freight Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA		